

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

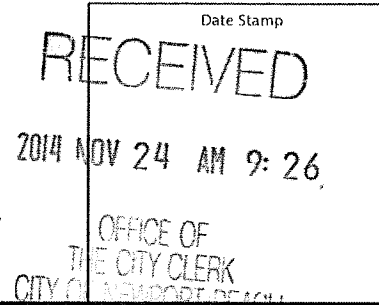
_____/_____/_____
Date qualified as committee
(If applicable)

☒ Termination – See Part 5

List I.D. number:

1367128

11/24/2014
Date of Termination



**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

GREENLIGHT, A COMMITTEE THAT OPPOSES MEASURE Y

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

ABEEK@FLASH.NET

COUNTY OF DOMICILE

ORANGE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF NEWPORT BEACH

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ALLAN BEEK

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

ALLAN BEEK

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on NOV. 24, 2014 By Allan Beek
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT